



Congressional
Black Caucus
Foundation, Inc.

1720 Massachusetts Ave, NW
Washington, DC 20036
Main: (202) 263-2800 Fax: (202) 263-0845

The Scholarship Certification Form

Date: _____ CBC Member: _____

Scholarship Amount: \$_____

Requested by: _____ Title: _____

Scholarship Recipient: _____
Last Name First Name Middle Initial

Social Security Number: _____

Name & Address of Academic Institution: _____
(College/University)

If the student has applied for more than one scholarship, you must complete a certification form for each scholarship program. Please attach the Certification Form(s) with the original application package.

☐ CBC Spouses Education \$_____ ☐ CBC Spouses Cheerios Brand Health Initiative \$_____
☐ CBC Spouses Visual Arts \$_____ ☐ CBC Spouses Performing Arts \$_____
☐ CBCF/Wal-Mart Strive for Excellence \$_____

Certification

I certify that the CBC Members, CBC Spouses, Local Scholarship Selection Committee, and Scholarship District Agent has complied with all scholarship guidelines as established and required by the Congressional Black Caucus Foundation, Inc. (CBCF).

I further certify that the scholarship recipient listed above is currently enrolled and in good academic standing at a college, university, or institution, has met all eligibility requirements under the general guidelines of the CBCF and the approving District Agent, and is entitled to such payments as evidence by my signature below.

Certified by: _____ Title: _____

Name (print): _____